File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Reset Form

IA ETHICS AND

# FOR INSTRUCTIONS, SEE BACK OF FORM

# **DISCLOSURE SUMMARY PAGE**

	DISCLUSO	RE SUMMART PAGE	2000 ****	a HD
COMMITTEE NA	ME (Must be same as on Statement o	f Organization)		20 AM 9: 33 MP
Reasoner For S	tate Representative			FORM
( 1 )Statewide/Legis ( 4 )County Central	late(8)County PAC(9)City PAC(10)S	ng for: 1 date (2)State PAC (3)State Party Candidate (7)School Board or Other Politic chool Board or Other Political Subdivision PA	al C ( For	DR-2 ev. 07/2007) DISCLOSURE REPORT  Office Use Orlly mm. #
CANDIDATE CO	OMMITTEES ONLY:			gged In S
Candidate Name		Political Party (if applicable)  Democratic		anned
	el J. Reasoner		1 1	mputer
Office Sought State I	Representative	District (if Senate or House) 95	Auc	
Mike	bject to possible civil and criminal penalti	ies. Pursuant to Iowa Code sections 68B.32 641-782-2693 TELEPHONE	0	•
I AM FILING A	January 19, 2009	REPORT FOR (1) ELECTION	N /(2)NON-E	LECTION YEAR.
	(report date)	Indicate by	# 1	
	ENDMENT TO REPORT DATED		Local Comm	nittees, enter Date of Election
( rou mu	est continue to file reports until a DR-3		which Election	on is held
	STATEMENT OF CASH ON I	HAND		
committe	at the beginning of the reporting period ee. This amount MUST be the same a st reporting period or must be zero if the		\$	10,429.57
ADD TO	TAL MONEY TAKEN IN THIS PERIO	OD CO		
Scheduk	e A: Cash Contributions total (Attach	Schedule A) (*also see in-kind below)		2,506.37
Scheduk	e F: Loans Received total (Attach Sch	nedule F)		0.00
Schedul	e H: Total Sales of Campaign Propert	y (Attach Schedule H)		0.00
•	(Schedule H applies to Candidates'	Committees Only) SUB-TOTAL	\$	12,935.94
SUBTRA	ACT TOTAL MONEY SPENT THIS PE	ERIOD		7 040 06
	•	ule B) (**also see debts and loans below	•	7,040.06
Schedul	e F: Loan Repayments total (Attach S	chedule F)		0.00
CASH ON HAND	at the end of this reporting period (if fir	nal report balance must be zero)	\$	5,895.88
**UNPAID BILLS	(From Schedule D - Attach Schedule	D)	\$	0.00
*IN KIND CONTR	BUTIONS (From Schedule E - Attach	Schedule E)	\$	16.00
**OUTSTANDING	LOANS (From Schedule F - Attach S	chedule F)	\$	0.00
CONSULTANT B	REAKDOWN (Schedule G Attached?)			YESNO
CANDIDATE COI	MMITTEES ONLY:			
VALUE OF CAME	PAIGN PROPERTY (From Schedule H	i - Attach Schedule H)	\$	***************************************
STATE COMMITT	FEES: Submit a reconciled campaign	account bank statement in January of ea	ch vear	

For Instructions, See Back	of	Form
----------------------------	----	------

Reset Form

### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Reasoner For State Representative

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10-30-08	ID# CK#	Susan Cameron 600 Brentwood Drive Waukee, Iowa 50263		\$ 100.00	
10-31-08	ID# CK#	Patrick McManus 7119 Colby Des Moines, Iowa 50311		75.00	
10-31-08	9773 CK# 1028	SEIU Local 199 Voter Education Fund 415 Tenth Avenue Coralville, Iowa 52241		500.00	
11-5-08	ID# 8251 CK# 2078	Prin PAC 711 High Street Des Moines, Iowa 50392		250.00	
11-29-08	ID# 8025 CK# 2467	United Transportation Union PAC 14600 Detroit Avenue Cleveland, Ohio 44107		500.00	
12-2-08	ID# <sub>9782</sub> CK# <sub>1023</sub>	Elk Run Energy PAC 400 Chesterfield Center, Suite 110 St. Louis, MO 63017		250.00	
12-4-08	ID# 6435 CK# <sub>1143</sub>	Iowa Insurance Institute PAC 729 Insurance Exchange Building Des Moines, Iowa 50309		25.00	
12-8-08	1D# 6099 CK# <sub>1189</sub>	Meredith Employees Fund for Better Government 1716 Locust Street Des Moines, Iowa 50309-3023		100.00	
12-10-08	ID# 6067 CK# 3972	Iowa Health PAC 6750 Westown Parkway, #100 West Des Moines, Iowa 50266		250.00	
12-10-08	ID# 6070 CK# 3777	Iowa Law PAC 625 East Court Avenue Des Moines, Iowa 50309-1904		200.00	
			SUB-TOTAL	2 250 00	

TOTAL (if last page of this schedule)

Page 1 of 2 (for Schedule A)

2,250.00

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

### For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

(Rev. 07/03) **RECEIPTS** CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM Reasoner For State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
(WINDER TITE)	NUMBER		(if applicable)		RAISER INCOME
	ID# <sub>6429</sub>	Heavy Highway PAC			
12-19-08	CK# <sub>2244</sub>	2415 Ingersoll Avenue		\$ 250.00	
	I .	Des Moines, Iowa 50312-5233			
	ID#	I Gt 4 G : D 1			
11-3-08	CK#	Iowa State Savings Bank 401 West Adams Street	Check.Acct.Int.	4.54	
		Creston, Iowa 50801			<u> </u>
	ID#				
12-1-08	CK#	Iowa State Savings Bank 401 West Adams Street	Check.Acct.Int.	1.83	
	J Gra	Creston, Iowa 50801	CHOOKA ROOLANG.		L
	ID#				
	CK#				
					L
	ID#				
	CK#				
					<u> </u>
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CV#				
	CK#				
* * * **	<del></del>		SUB-TOTAL		

TOTAL (if last page of this schedule)

2 2 Page of (for Schedule A)

2,506.37

256.37

SCHEDULE

**MONETARY** 

Reset Form

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset	Form	i

## **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization
--

Reasoner For State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-30-08	ID# CK#	House Truman Fund 5661 Fleur Drive Des Moines, Iowa 50321	Donation	\$ 5,000.00
10-30-08	ID# CK#	Iowa State Savings Bank 401 West Adams Street Creston, Iowa 50801	Wire Transaction Fee	15.00
12-10-08	ID# CK#	Beachwood Lounge 416 East Walnut Street Des Moines, Iowa 50309	Fundraiser room rent	25.00
2-22-08	ID# CK#	Garner Printing 1697 NE 53rd Avenue Des Moines, Iowa 50313	Literature, postage and handling	1,019.60
2-31-08	ID# CK#	Mike Reasoner 702 New York Avenue Creston, Iowa 50801	Mileage 1,676 x .585	980.46
	ID# CK#			
	ID# CK#			
	ID#			
· · · · · · · · · · · · · · · · · · ·	I	L	SUB-TOTAL	\$ 7.040.06

SUB-TOTAL

**\$** 7,040.06

TOTAL (if last page of this schedule)

\$ 7,040.06

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	1		1
Page		OŢ	

FOR INSTRUCTIONS SEE BACK OF FOR	<b>FOR</b>	INSTRUCTIONS	SEE BACK OF	EODA
----------------------------------	------------	--------------	-------------	------

COMMITTEE NAME (Must be same as on Statement of Organization)  Reasoner For State Representative		SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
	Reset Form		(THIS BOX IF DING FORM

DATE		RELATIONSHIP	DESCRIPTION	FOTHATED	
RECEIVED	NAME AND ADDRESS	TO CANDIDATE	OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISER
(MM/DD/YR)	OF CONTRIBUTOR	* (if applicable)	CONTRIBUTION	VALUE	CONTRIBUTION
	Iowa Democratic Party/House Truman Fund		I	\$ 16.00	
12-10-08	5661 Fleur Drive		Invitations and Postage	16.00	
	Des Moines, Iowa 50321		1 Ostage		
					L
					<u></u>
					L
			•		
			· · · · · · · · · · · · · · · · · · ·		
		ı			L
					<del></del>
					L
SUB-TOTAL				\$	· · · · · · · · · · · · · · · · · · ·
				16.00	
TOTAL (if last				\$	
			· ·		
			page of this	16.00	
			schedule)		
			•		

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_1 of \_\_\_1 (for Schedule E)